

undergone interventions since 1985, and that number includes dentists, medical students and other medical personnel.

"Initially you see denial, but then acceptance," said Kendro. "Eventually, they are so grateful."

While the committee makes arrangements for treatment in a Mainland facility, the physician pays for it. "After he's been in treatment and his brain begins to detoxify," said Stodd, "he'll recognize 'I really do have to be here.' "

After treatment is completed, the committee monitors the physician for five years.

But physician health committees based in hospitals may deal with more than addiction. Psychiatric disorders, neurological problems, even something hospitals call "disruptive" behavior can fall under their purview.

"There's a kind of arrogance that goes along with being a physician, and it can make them difficult to deal with at times," said Dr. Gerald McKenna, a Kauai psychiatrist and addictions specialist who chairs the HMA Committee for Physicians Health and is medical director at Ke Ala Pono, a private addiction treatment program on Kauai.

"Hospitals know which are disruptive physicians, and we're trying to get to doctors before they're fired," said McKenna, who will help host a conference next weekend at Wilcox Memorial Hospital to encourage all Hawai'i hospitals to establish physician health committees.

The stresses of medicine and the loners it attracts both play a role in the problem. "What we're trying to do is get physicians to take better care of themselves," said McKenna.

"Doctors are like most executives. They're workaholics and get lost in their jobs, and that's not healthy for anyone. But they also tend to be lone rangers and often very isolated. To get them into a group is like herding cats. Plus, they don't think they ever ought to get sick."

### Weekly AA meetings

In his own recovery, Schlesinger has never looked back.

"It's no longer hanging on by your fingernails. You get past that," he says. "You go to the meetings to show other people recovery is possible. At the same time, it's important to remind yourself how bad it was, which is easy to forget when you're doing well."

"Had I not succumbed to this disease I would never have discovered God, humility, and I never would have been any bit the person I am today," he says. "I would have limped along with whatever I gained from my childhood, because most adults don't work on getting better every day. Now I go to AA meetings every week with people working at becoming better people, and that's thrilling."

### Editor's note:

*This article appeared in the Sunday Honolulu Advertiser, November 5, 2000.*

*Just in case you missed it, we have reprinted it with permission of the Honolulu Advertiser and staff writer Beverly Creamer.*

*Beverly Creamer has been covering medical subjects for the Honolulu Advertiser for the last nine years. In that time she has been honored several times by the Hawaii Medical Association with its annual print media award. Born in Canada, she came to Hawaii to attend the University of Hawaii, where she graduated with a degree in Journalism.*

## Highlights of the HMA Scientific Session

**Russell T. Stodd MD**

**Contributing Editor, Hawaii Medical Journal**

The 144<sup>th</sup> Annual Meeting of the Hawaii Medical Association was highlighted by an outstanding medical education program. The HMA and staff can be proud of the quality, breadth and diversity of material. The facility was large and comfortable, the audio and visual systems performed well. The education committee prepared a variegated quilt of medical issues including osteoporosis, obesity, cancer, genetic testing controversies, mental health and quality of life issues for the dying patient. The following capsules are meant to provide a brief summary of the many excellent presentations, and to emphasize the educational experience for those who attended.

### ENDOCRINE UPDATE and WEIGHING IN ON OBESITY.

The Friday program was moderated by David Fitz-Patrick, M.D., and began with **Michael R. McClung, M.D.**, Director of the Oregon Osteoporosis Center at Providence Hospital in Portland. The presentation accented new diagnostic measures which permit more accurate diagnosis of vulnerable patients, and included a comprehensive handout. An attractive and enlarging menu of effective therapeutic choices are available to prevent bone loss and cut down on fractures in risky patients. Also, patients must be instructed in maintaining appropriate life style with a safe environment and avoidance of tobacco and excess alcohol.

**James R. Gavin III, M.D., Ph.D.**, internist and endocrinologist at Howard Hughes Medical Institute, gave a well illustrated and comprehensive look at diabetes. Showing the genetic backgrounds for both type one and type two diabetes, Dr. Gavin helped make the clinician understand how insulin works and when oral medication is not effective for maintenance of sugar control.

**Bruce D. Weintraub, M.D.**, Professor of Medicine at University of Maryland School of Medicine, presented an update on thyroid disease and therapy with emphasis on cancer. Ethnicity is a factor, as thyroid cancer occurs more frequently in Philippine women, and is especially aggressive over age 50. The condition is three times as common in women as men. Therapy centers around surgery, radioiodine and suppressive hormone use. Gene therapy in vitro experiments show ability to kill cancer cells, and may lead to new avenues for therapy.

**Robert H. Eckel, M.D.**, Professor of Medicine and of Physiology and Biophysics, University of Colorado Health Services Center, featured a very good discussion of obesity and what options work and what do not. With the simple equation, energy intake and energy expenditure, he showed why diets work, but later encourage appetite to rise and physical activity to go down. Slow gradual weight reduction is important. Goals must be realistic such as 10% of body weight in six months, then weight maintenance and possibly followed by further slow weight loss. He outlined the benefits: drop in blood pressure, improved cardiac function, dyslipidemia, and glucose tolerance. This was an excellent program, well organized and nicely illustrated.

## CONTROVERSIES IN CANCER DIAGNOSIS AND TREATMENT –

The second day was hosted by Reginald Ho, M.D., and began with an excellent presentation of developments in prostate cancer management by **Walter Strode, M.D.**, Chairman, Department of Urology, Straub Clinic and Hospital. Dr. Strode outlined age specificity for PSA tests, and relationship to probability of cancer. Digital rectal exam (DRE) is considered less important than needle biopsy. The combined modality staging of PSA, DRE and biopsy report of tumor differentiation will give a fairly accurate predictability of the disease. Controversies arise in screening, evaluation, and treatment options. Debates also center around watchful waiting, irradiation, or radical prostatectomy in relation to staging. This was a well organized and very interesting program.

**Laura Weldon Hoque, M.D.**, Medical Director, Kapiolani Breast Center, gave a careful and comprehensive outline of tumor frequency, and the surgical and medical management of early breast cancer. Question of lumpectomy versus mastectomy was presented relative to risk of recurrence, risk of radiation, and cosmesis. Sentinel lymph node biopsy will indicate if there is a need for axillary lymph node dissection, and the surgical technique was described. A detailed analysis was offered of endocrine therapy, radiation therapy, benefit (or not) of Tamoxifen. Other factors for consideration are family history, patient age, desire for pregnancy, and tumors not seen on mammography. In summary, breast cancer is a common disease and a variety of treatments exist, all with similar outcomes. Patients often turn to the primary medical doctor for assistance in arriving at a decision during this difficult time. They need someone they know and trust to help with making decisions.

**Kenneth Sumida, M.D.**, Assistant Professor of Medicine, JABSOM, University of Hawaii, gave an interesting and broad presentation about cancer screening controversies. He noted that attention must be directed to validation of tests, improving outcomes, using less radical treatment and saving resources. He discussed difficulties in managing breast cancer— false negatives, patient age, physician bias, and unnecessary morbidity. Dr. Sumida also discussed colorectal cancer and the multiple risk factors - family history, polyposis, age. He noted that fecal occult blood test and sigmoidoscopy over age 50 will reduce mortality, but that DRE will not. Cervical cancer frequency is declining due to pap smears, but vaginal smears are not beneficial. Risk factors of age, sexual activity, multiple partners were noted. A few remarks were included regarding prostate cancer, echoing what had been presented by Dr. Strode. Good coverage of a large area.

**Ted Hsia, M.D.**, Emeritus Professor of Genetics and Pediatrics, JABSOM, University of Hawaii, discussed controversies in genetic testing. He noted that genetic testing is already with us, and is an exciting area of research. Because all malignancies arise from abnormally altered genes, this is an extraordinary and potentially very important area. However, several areas of controversy exist. Many tumors are not associated with known mutations, so DNA tests do not help. Research centers are frequently the only place available for tests, and the accuracy and consistency of DNA tests depend upon the technical competence of those doing the test. For

obscure tests, the cost may be excessive. The oncologist has to understand which are the most relevant and useful tests for the patient, and know the meaning of the tests. Liability issues are important as the physician may be held responsible for failing to obtain a test, misinterpreting the test, or misleading the patient, even if a correct explanation is not understood. His talk included a discussion of the bio-genetic aspects of tests. This is an exciting era for major advances in clinical science, especially in genetics, and while test practicality is limited at this time, it will expand. Eventually, gene therapy may become possible.

**Robin L. Seto, M.D.**, internal medicine and former Medical Director, Kona Hospice, centered her talk around caring for patients from time of diagnosis until death, especially pain and symptom management, quality of life, cultural and socio-economic factors and functional assessment. Her presentation dealt with a comprehensive analysis and individual evaluation of patients with terminal illness. Only 23% of patients die with cancer. With progressive age, a wide range of clinical disorders demand that different specialities must agree on basic principles in end-of-life care. Patients must be respected and managed individually. They need access to palliative and hospice care, and must be afforded the right to refuse treatment. This was a very thorough and well presented paper with excellent handouts.

## MENTAL HEALTH IN HAWAII 2000 -

The final day session was chaired by **Stephen B. Kemble, M.D.**, Assistant Professor, JABSOM, University of Hawaii, who also presented the first paper of the day describing outpatient mental health care and managed care in Hawaii. According to national statistics, the prevalence of mental health and substance abuse problems in the general population is 28%. Only 1/2 of these receive treatment and much is provided by non-specialized providers of care. About 6% of the adult population received care over the course of a year. Medicaid rates in Hawaii are about 2/3 of true rates, which is better than most states. 24 visits are allowed per year, and hours can be split to allow for increased visits when necessary. This allows for shorter treatment plans and are easier to schedule. Hawaii law protects providers from managed care abuses. In 1997 nurses and social workers were added for reimbursement. Kaiser and Straub contracts have increased managed care penetration, making the financial viability of private practice difficult. Necessary changes are needed for full parity, need to refine managed care and reduce authorization policies.

**Kenneth Luke, M.D.**, Psychiatry, Medical Director, Crises Response Team, Honolulu, outlined problems of mental health care of the poor and homeless. Many of the patients are difficult, with diagnosis of depression, schizophrenia, and cognitive deficits. The state was been found wanting in caring for these patients and was ordered by the Department of Justice to provide adequate services. About 3/4 of patients were ordered into care by the court for criminal activities, and the community has moved toward more comprehensive care. Community Mental Health Centers serve as the backbone of the system, seeking to reduce the number of homeless mentally ill. The crisis response mobile outreach team reacts to provide shelter beds and stabilization of patients. Partial hospitalization is

a transient remedy to provide in-between care as an alternative to inpatient care. Psycho-social rehabilitation provides for three levels - inpatient treatment, community health center, and last clubhouse programs where consumers help each other. With the assertive community treatment approach, through jail diversion and community treatment team, and the adult mental health assessment team, patients get the appropriate level of care and criminalism is reduced.

**Toshi Shibata, M.D.**, Psychiatry, general addiction, and forensics, Honolulu, presented the problems of mental health care and the penal and legal systems. Since 1980 there has been a great increase in prisoners, many are mental patients. This is a national trend, many are younger males, substance abusing and previously hospitalized. Police are perceived as more efficient for deviant or criminal behavior. Patients are often sentenced for one year or more. The state has a duty to provide medical care for those whom it is punishing by incarceration. Now when a mental patient is arrested, a diversion team can interrupt proceedings to avoid jail. A module is provided for rehabilitation, a pyramid theory of human motivation. At the bottom is physiological needs, and continues up through safety, belonging, esteem, and at the top self-actualization.

**D. Douglas Smith, M.D.**, Psychiatry, Director of Medical Education, Queen's Medical Center for Behavioral Health Services, Honolulu was the final speaker on the program, and presented material on in-patient mental health care in Hawaii. He presented a brief history of public behavior toward mental patients, and briefly described current available outpatient facilities. Hospitalization becomes necessary when a patient's behavior is bizarre or dangerous to self or others, in cases of substance abuse disorder, when medication must be closely monitored, when a less restrictive setting has failed, or when a complex, unstable co-morbid condition exists. This may come through a court order, medical decision, crisis team referral, direct admission, or through the hospital emergency department. Therapy includes physiological needs, safety, psychiatric services, education, and psycho-social rehabilitation. For the future, Hawaii requires increased quantity, a prudent court system, effective medical staff, and admission based only on medical necessity.

*Editor's Note:*

*Mahalo to Russell Stodd MD for his excellent coverage of another very busy HMA Annual meeting.*

*Russ, thanks also for your continued monthly "Weathervane" contributions. You always get so much useful information into one page.*

## Poems by Dr. Robert S. Flowers

### CHRISTMAS BALLET

I stopped the car for Susan to shop  
At the autoteller...and out she hopped.  
I glanced away while she worked the machine  
To study the mountains, covered in green.

My eyes returned to the front of the bank  
Where she took her cash and murmured a "thank"  
For modern technology which never sleeps,  
And gives back on holidays, the money it keeps.

She smiled as she turned to approach the car,  
But such as the winds here at Christmas are-  
They lifted her hat with its embroidered sash  
And she lunged for it using the hand with the cash!

Those winds who targeted first her hat,  
Seized on that handful of bills stacked so fat.  
They swirled in the air as high as the roof  
Reminiscent of movements in a *Keystone Cops* Spoof!

She looked like a puppy snapping at flies,  
Grasping for "twenties" espied by her eyes.  
Leaping and jumping in a comic ballet  
A scene I'll remember 'til I'm old and gray.

Pirouettes, and toe stands, arabesques, swan dives  
Fouettes and entrechats, unusual for wives.  
Then all of a sudden the wind stilled its force,  
But the "twenties" recovered were deficient, of course!

A lone one was missing: I joined in the search,  
Scouring the shrubs and the trees for a "perch"  
At last we found - But I really must say...  
I'd surely have paid it...for that Christmas Ballet

Robert S. Flowers  
August 25, 1990

### HANUKKAH

Lord of Hosts, this Feast of Lights  
Grows one candle every night  
For Hanukkah, reDedication  
Of Jerus'lem's restoration.

With this act that seems so simple  
We remember your great temple.  
How the oil kept burning bright  
When fuel was there for just one night.

But let your lamp inside my heart  
Burn forever...as a start!

Amen.